

FIELD INSPECTION REPORT USER - REGION 5

Class 1 Wells - Underground Injection Control Program

(Fill out one report for each well inspected)

Date of last inspection 8/9/2004Inspection Date 1/4/2005 ✓

OPERATOR

WELL DATA

Name	NORTHEASTERN EXPL.INC.	Well Name	DAVIS # 1-19
Address	1190 M-32	USEPA #	MI-119-II-C002
City, State, ZIP	Johannesburg, MI 49751	State #	39935
Phone/Mail Contact	DENNIS HALL	County / State	MONTMORENCY, MI.
On-site Contact (signing below)		Locational Information	T_30 N_ ; R_1 E_ ; Sec. 19_ Qtr. Section _NE SE SW_
Phone #	989-786-4346		Latitude_____ Longitude_____
Fax #	989-786-1134	Completion Date	

Inspection Type (check one) ☐ ROUTINE ☐ COMPLAINT ☐ COMPLIANCE
Notification (check one) ☒ UNANNOUNCED ☐ ANNOUNCED (date scheduled _____)

PERMIT LIMITATIONS

Characteristic	Limitation	Monitoring Frequency (e.g. Continuous, Monthly, etc.)
Injection Pressure	10 PSIG MAX.	CONTINUOUS / MONTHLY
Annulus Pressure	100 PSIG MIN.	CONTINUOUS / MONTHLY
Min. Annulus/Injection Differential	100 PSIG	CONTINUOUS / MONTHLY
Specific Gravity		MONTHLY / MONTHLY
Flow Rate		CONTINUOUS / MONTHLY
Cumulative Volume		CONTINUOUS / MONTHLY
Annulus Fluid Loss		MONTHLY / MONTHLY
pH		? / ?

(NOTE: Write in NA if value is Not Applicable to the situation.)

TALIB SYED & ASSOCIATES, INC.(TSA)		CONTRACT FIELD INSPECTION	
INSPECTOR	SIGNATURE	DATE	
Sam H. Williams	<i>Sam H. Williams</i>	1/4/2005	
COMPANY REPRESENTATIVE	<i>Dennis Hall</i>	1/4/2005	

OPERATING CONDITIONS	Gauge Reading	Recorder Reading	WELL STATUS
TUBING PRESSURE (psi)	-9 Vac	Vac.	Active <input checked="" type="checkbox"/>
ANNULUS PRESSURE (psi)	243	243	Shut In <input type="checkbox"/>
FLOW RATE (show units used)			
CUMULATIVE VOLUME (show units used)			
SIGHT GLASS LEVEL	2'		
INJ. TEMPERATURE	n/a		
PH	n/a		
OTHER	n/a		

(NOTE: Write in NA if value is Not Applicable to the situation)

MONITORING SYSTEMS

COMMENTS

ALARM SYSTEM PRESENT	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
ALARM SYSTEM TEST RESULTS	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	
PRESSURES AT WHICH ALARM SYSTEM TRIPPED (INJ/ANNULUS)			
AUTOMATIC SHUT-OFF SYSTEM PRESENT ?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	manual shut down
AUTOMATIC SHUT-OFF TESTED ?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
PRESSURES AT WHICH SHUT-OFF SYSTEM TRIPPED (INJ / ANNULUS)	/	/	
HIGHEST INJECTION PRESSURE NOTED ON CHARTS (psi)	-9		
ARE RECORDS RETAINED ON SITE ?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
ANY ANOMALIES OR SPIKES NOTED ON CHARTS ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
RECORDS REVIEWED DURING INSPECTION ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

RESULTS OF RECORD REVIEW:

WELL TESTING

<input type="checkbox"/> Part I (SAPT) Date/Time	<input type="checkbox"/> Part II
<input type="checkbox"/> RTS <i>n/a</i>	<input type="checkbox"/> Oxygen Activation <i>n/a</i>
<input type="checkbox"/> Temperature <i>n/a</i>	<input type="checkbox"/> Noise <i>n/a</i>
<input type="checkbox"/> Ambient Reservoir Monitoring	<input type="checkbox"/> Frac /Microfrac
<input type="checkbox"/> Casing Inspection	<input type="checkbox"/> Cement Bond Log

<input type="checkbox"/> Other (specify)
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SITE CONDITIONS (Remember to record any changes since last inspection)

Well Head Appearance

clean, no spills or leaks

Annulus Tank System

no change

(tank volume,tank setup, etc.)

Monitoring Equipment

good

Holding Tanks

(e.g., # of,volumes,signs,etc.)

6 tanks, no change

Piping

(e.g., coming from ?,leaks ?)

no change

Injection Equipment

(e.g., pump types, etc.)

gravity operated well

Photo's Taken?

☒ No

☐ Yes (How many ?)

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF INSPECTION

Address (EPA Regional Office)
U.S.E.P.A. Region V
77 W. Jackson
WU - 16 - J
Chicago, IL 60604

Talib Syed & Associates, Inc.
3595 S. Teller Street
Suite #405
Lakewood, Co 80235
(303) 969-0685

Firm To Be Inspected

Northeastern Exp. Inc.
1190 H-32
Johannesburg MI

Date *1/4/2005*

Hour

Notice of inspection is hereby given according to Section 1445(b) of the
Safe Drinking Water Act (42 U.S.C. §300 f et seq.).

Reason For Inspection


Semi Annual Inspection

For the purpose of inspecting records, files, papers, processes, controls and facilities,
and obtaining samples to determine whether the person subject to an applicable
underground injection control program has acted or is acting in compliance with
the Safe Drinking Water Act and any applicable permit or rule.

Section 1445(b) of the SDWA (42 U.S.C. §300 j-4 (b) is quoted on the reverse of this form

Receipt of this Notice of Inspection is hereby acknowledged.

Firm Representative



Date

January 4, 2005

Inspector

